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Original.

A PRACTICAL THEORY AND TREATMENT OF PULMONARY TUBERCULOSIS.

BY FRANK S. PARSONS, M. D.,
PHILADELPHIA, PA.

Editor of The Times and Register.

(Continued from Last Number).

It seems nonsensical to assume that a micrococcus alone should have the power of limiting a disease like pneumonia to a solitary lobe of a lung. If microbes play a primary part in the etiology of disease through the medium of the blood, why do they not occasion uniform inflammations in the various organs or parts of the body and not confine themselves to specific spots, as they are said to do in pneumonia or diphtheria? Blood serum, if it is a developing medium anywhere, must be so throughout the entire body.

It is a fact that in phthisis, or tuberculosis, the venous blood is brighter than normal. This gives evidence that the oxygen imbibed by the red blood-corpuscles, in the lungs, is not properly oxidized in the tissues, and passes over through the capillaries in a free state. This fact would imply that there was a deficiency in an oxidizing element. We know that the blood contains phosphorus in an oxidizable form, and that oxygen has a great chemical affinity for phosphorus; hence, it is not out of reason to infer that in the condition known as tuberculosis there is a deficiency in oxidizable phosphorus. This fact is proven by the supplying to the blood of a phthisical person an oxidizable form of phosphorus, when it will be seen that the venous blood assumes its naturally darkened hue.

We know that every effort, mental or physical, oxidizes this element in the organism into phospate, a waste product, and that there is also direct connection between the excretion of the phosphates and the waste of nervous element. The abundance of means for causing an excess of oxidizable phosphorus to become a waste product in the shape of the phosphates gives ample opportunity for a condition of devitalization. This element may not be the only chemical agent in tuberculosis, but that it is a very important one is evidenced by the results of treatment along this line.

The question whether pulmonary tuberculosis may be communicated by contagion, or infection, does not rest with the proving that a specific germ is found in this disease, for we know that unless a favorable medium is presented such germ will not develop, and that to obtain this medium there must be a condition to be recognized as pathological. If an element of infection exist in any locality, and we take for a criterion the fact that ozonized atmospheres are exempt from tuberculous cases developing in them, then it holds that there must be a proportionate deficiency in oxygen in those localities in which tuberculosis is developed. Ozonized atmospheres are both beneficial to the oxidation of the blood and the destroying of microorganisms. Living in localities where there is a tendency to deficient oxidation of the tissues will, as a consequence, tend to increase waste elements; which, if there be an incapacitated lymphatic system to carry such waste away from situations where they will do harm (as might follow a pneumonia, laryn-

gitis, or other acute inflammation of the respiratory tract), may cause the starting point of tuberculosis. Bacilli may be communicated if there is found favorable lodging for their development.

The conclusions regarding the etiology of pulmonary tuberculosis which the writer has endeavored to show may be summed as follows:

That pulmonary tuberculosis is due, primarily, to a lymphatic stasis.

That such lymphatic stasis may be congenital, or acquired, as a result of incompetency of excrementory function. That incompetency of excrementory function may be developed from acute diseases, especially of the respiratory organs, or from gradually increasing stasis of waste material due to overtaxation of excrementory organs (where such can be overtaxed), by deoxidation of the tissues.

That the tubercle bacillus is to be regarded as a development, existing simply because favorable media are presented, in the lymphatic stasis, for its cultivation. The development is often some length of time after the stasis is apparent, and in some favorable cases may not develop at all. Bacilli may exert influence on the disease as foreign bodies, similar to other foreign or waste elements; but are not, primarily, causative. They form excellent symptoms of tuberculosis if they develop early enough, but the mere removal of them will not cure the disease, unless such removal implies restored excrementitial function and perfect lymphatic circulation and elimination.

That tuberculosis implies the atrophy of the pancreatic gland in the majority of cases, but that the dislike of fats by phthisical persons, or those having a consumptive tendency, is the only symptom we can depend upon to show that in the pancreas may lie the origin of this disease.

CONCERNING THE EARLY SYMPTOMS OF PULMONARY TUBERCULOSIS.

The ordinary symptoms of tuberculosis of the lungs are so familiar to physicians at large as not to need consideration in a paper of this character. There is, however, one symptom that presents and accompanies all others, and which, strange to say, has been entirely overlooked, so far as the writer knows, until attention was directed to it by Professor Garretson, in his clinical lectures. This refers to a dislike of fats by people having the phthisical tendency. Observation will show that fat-eaters are almost entirely exempt from the disease we now consider; while, on the other hand, the information that the appetite and stomach of a patient refuse fats is to be accepted as diagnostic of the condition established, or of dangerous and formidable tendency to it.

The universality of this dislike and refusal of fats by the destined victims of phthisis commands for the peculiarity the first place in a consideration of symptoms.

To what is to be referred the dislike and refusal?

It is a deduction by Dr. Garretson that the pancreas is at fault in all such persons; and that with this gland is not unlikely to be found the origin of all those cases of gradually developing consumption which constitutes the large majority. The writer has fully satisfied himself, out of sufficient data, that too much importance cannot be made of this symptom; for, with its early recognition, before destructive changes have taken place, we have our greatest hopes for successful treatment.

The symptom indicates that there is either faulty secretion from the pancreas, whose function is to furnish a chemical product for the emulsification of fats; or a chemical inferiority of the secretion, by reason of impaired nutrition; otherwise an inability on the part of the lacteals to properly absorb the emulsion.

The first could easily exist in a congenital abnormality of the pancreas. The last would exist in intestinal catarrh.

Another important early symptom, though not pathognomonic, but suggestive, lies in the abnormal weakness generally observed in consump-

tives. This languor is undoubtedly due to the deficiency in oxidizable phosphorus and the increase in waste phosphates, dependent on retrograde tissue metamorphoses. It is in this manner that the vitalization of the tissues is impaired, and weakness is a symptomatic result. Too often this symptom is passed over by the physician as an indication of "malaria."

Limited lung and chest expansion, while not essentially an early symptom of phthisis, when it exists is very suggestive, and demands therapeutic attention.

Another of the early symptoms, which has important bearing on the therapy of tuberculosis, is chronic gastric catarrh. More strictly classified, it is a complication, as it is to be regarded as a result of the general systemic disturbance rather than a tubercular lesion of the stomach.

Other physical signs of phthisis are of great importance. Mention of some of them may not be out of place. The signs belonging to the incipient stage are slight dullness on percussion, broncho-vesicular respiration, or a weakened respiratory murmur, more or less frequency in respiration, some increase in the vocal resonance, increased bronchial whisper occasional subcrepitant rales, pleuretic friction murmur, and abnormal transmission of the heart sounds. Most of these signs are limited to the summit of the chest on one side. As the case advances the physical signs are intensified and augmented. Pectoriloquy may be present before and after the formation of cavities. In the former instance the transmission of speech is by solidified lung; in the latter, it occurs through a cavity. Cavernous sounds accompany the formation of cavities only.

Hemoptysis is likely to happen early in the disease, in the majority of cases; and, if before cavity formation, it is to be regarded as indicative of congestion and rupture of the smaller bronchial vessels. After cavities have formed, bleeding may originate from their walls. Occasionally, in the latter instance, a large vessel may be opened, causing fatal hemorrhage.

If the larynx be involved, huskiness or hoarseness of voice exists. Occasionally the voice may be lost entirely for a space of time.

Rise in temperature is an early sign, and one apt to be attributed to malarial disease on account of its intermittent quality.

Anemia and pallor of countenance are more or less marked from the beginning as a result of impoverished blood.

Tuberculous peritonitis may occur as an acute or chronic affection, and is to be regarded as symptomatic of the pulmonary type only in regard to the tendency it exhibits toward subsequent involvement of the lymphatic system in the lung. A peculiar consequenc of treatment is the curability of tuberculous peritonitis by laparotomy. This has lately been attributed to the entrance of the staphylococcus through the atmospheric air, and the claim made that the toxalbumen from this micro-organism is antagonistic to the tubercle bacillus. If this were true, we would have no pulmonary tuberculosis; for we are breathing into our lungs, daily, staphylococci enough to generate toxalbumens for a nation; and, if there is any such antagonistic action on tuberculous products in the peritoneum, why not in the lung? The effect of atmospheric air on the serous membrane of the peritoneum seems to have the effect of restoring eliminative function of the efferent vessels; a thing it does not establish in the lung.

Microscopically, a third blood-corpuscle has said to have been demonstrated, which is attributed by some to be one of the causative factors of this disease. It is doubtful if this corpuscle be more than an altered leucocyte; possibly occurring as waste, but not at all causative. It remains to be proven whether it be symptomatic or not.

The venous blood of phthisical persons is brighter than normal, unless they are undergoing treatment by hypophosphites.

THE MORTALITY OF TUBERCULOSIS.

Evidence is given that the mortality from this disease is no greater at the present day than it was hundreds of years ago. A recent article was published in an exchange, which I regret having mislaid, showing that, in Jewish history, years before the Christian era, consumption was as rampant as now. This would tend to refute the idea that tuberculosis is at present on the increase, and at the same time indicate that we possess no better therapy for this affection now than did the ancients.

The Medical Record published some time since an article showing the different occupations predisposing to tuberculosis, and I can do no better than to quote the article here.

"The greatest number of deaths from phthisis occur in workers exposed to irritating substances in the respired air. In Switzerland 10 out of 100 stone cutters die from phthisis. In England of 1000 deaths occurring in these workers, 340 were from phthisis. Tuberculosis makes cruel onslaught likewise in those individuals who habitually occupy a bent posture at their occupations, and in those who live sedentary and intellectual lives. Of 1000 deaths in Italy among students and seminarians 450 died of phthisis—that is, nearly one-half. In England, of a similar number of deaths in printers, 430 died of phthisis."

"On the other hand, statistics show that it was quite exceptional for this disease to be the cause of death of those who live in open air. Switzerland, of 1000 deaths occurring in outdoor laborers and farmers, not more than one or two die from phthisis. A similar number of deaths in Italy among shepherds and farmers shows only from 44 to 45 deaths."

"In France the sanitary statistics gathered from 662 towns show that the more the poulation is conglomerated, so in proportion are the inhabitants gravely infected with tuberculosis."

(To be Continued.)

I. DEMONSTRATION OF A MECHANISM OF INTUSSUSCEPTION.

II. EXHIBITION OF SPECIMENS ILLUSTRATING EACH STEP IN THE PROCESS OF INFECTIVE APPENDICITIS.

BY HOBERT T. MORRIS, M. D.,
New York City.

Read before the Philadelphia County Medical Society, Nov. 28, 1894.

I. Experiment. I shall expose the ileum of a rabbit, and it will then be observed that when it is touched with carbonate of sodium, contraction of the circular fibres of the bowel at the point touched will take place in from fifteen to thirty seconds. The longitudinal fibres of the bowel still carrying on peristaltic movement (a reversed peristalsis, by the way), will invaginate that portion of the bowel which is in a state of firm contraction. I do not know the exact value of this experiment except that it shows the mechanism of one form of intussusception. We know that certain ptomaines produce muscular spasm, and it is fair to assume that some cases of intussusception are due to a poisoning of the muscular fibres of the bowel as in the experiment. In post-mortem intussusception, as I have watched it, there has been paralysis of the circular fibres of the bowel and an adjacent segment of bowel has dropped into the relaxed portion, almost the reverse of the mechanism demonstrated in this experiment.

APPENDICITIS SPECIMENS.

II. Appendicitis I believe to be an infective exudative inflammation of the appendix vermiformis, which follows the production of an infection atrium of any sort in the mucosa or in the peritoneal covering of the appendix. I believe that when the infection atrium has been produced, bacteria at once enter the lymphoid structure and the cellular coats, and that then the stage of exudation begins and the tissues are compressed by the exudate. There is no doubt that in the majority of cases we have an exudate compression which is fatal or has a tendency to be fatal

to the lymphoid and cellular coats, and the reason is because the lymphoid and connective tissue and mucosa are confined within a narrow tube of muscle and peritoneum. In the colon, when infection begins and exudation takes place, there is abundance of room for swelling, and the interstitial exudation does not lead to compression and anaemia. In the narrow appendix there is not room. The lymphoid tissue cannot do its work as a strainer of bacteria, and therefore the lymphoid, mucosa and connective tissue forming the inner tube are compressed to the point of strangulation in many cases. If not to the point of strangulation, there is produced compression anemia, which allows more rapid toxic destruction of the cells, and the toxines produced by the bacteria which have entered the infection atrium cause destruction of the cells before nuclein can be poured out and the leucocytes do their work. Thus there is frequently rapid destruction of the mucosa and lymphoid coats which should act as a protecting coat, but which is destroyed and becomes a prey to bacteria because it is under compression.

Very early proliferative endarteritis commences, and this occurs, as you will remember, in a small terminal artery, for practically the only arterial supply of the appendix is from a solitary terminal artery. If a branch of the artery becomes occluded, we have a round punch hole slough formed at the point supplied by this branch. If more of the artery becomes obliterated, we frequently have complete gangrene of the appendix. Only a few hours are required for an obliterating endarteritis to become sufficiently marked to lead to destruction of all parts not supplied with blood by bacteria which are ready to pounce upon such parts. I think that usually in the very early stage of the infection we have a mixed infection. Streptococci are apt to be present, and these, with other bacteria, send the temperature up. The temperature from infection by streptococci or from mixed infection may be quite high, whereas when the infection is from the colon bacillus the temperature is apt to be not high, but about 100 degrees to perhaps 101 degrees during a most violent attack of infective appendicitis going on to death. This statement in regard to temperature I am almost prepared to make as a direct statement, but I shall wait for more observations before asserting that a high temperature indicates streptococci or mixed infection, and that a low temperature indicates a colon bacillus infection. I am almost certain, however, that the toxine of the colon bacillus does not send the temperature high.

Specimens. The first is a normal appendix removed post-mortem.

The next specimen shows the effect of exudation into the appendix a few hours after infection has taken place. The inner tube, composed of the lymphoid and connective tissue, is distinctly swollen. In the third specimen we find a little rhexis, all the structures being infiltrated with blood.

There is a complete rhexis involving all the tissues in the fourth specimen, the fibres of all structures being separated by effused blood. In the case from which the specimen was removed the wound was very septic, and no granulations formed for eight days. The patient then developed pneumonia of the right side, and after the pneumonia was well under way the appendix wound began to granulate and the patient recovered.

The fifth is another early specimen, in which there is a pin-hole puncture. In this case the appendicitis had lasted about forty-eight hours. The artery, being obliterated at this point, allowed a small pinhole opening to form.

The sixth specimen, an inch of which has been removed, shows very nicely how the interstitial exudation causes the inner tube to be compressed by the outer tube.

Here is a specimen in which the bacteria have been confined to the appendix for several days and then suddenly passed through the mesappendix, and the patient developed acute septic peritonitis.

Here is another specimen in which a small punch-hole perforation formed and was immediately walled in by lymph. The appendix was quite free, except at the tip, where this mass of exudate held it. This is a chronic ulcerating appendix. After the acute stage of infection is passed the ulceration is apt to continue, because the appendix is a nook in which bacteria persist, and after the mucous membrane is destroyed the bacteria are apt to keep up a vigorous onslaught on the exposed tissues. There are the appendices that produce fatty concretions. I have found that concretions in the appendix are phosphatic, fecal, or fatty. Some of these concretions contain 50 per cent. of fat. It occurred to me that possibly a retrograde change in the lymphoid might account for it, and consequently I submitted the lymph coats of several appendices for examination. From normal appendices I obtained 8 per cent. of fat; from appendices with small ulcerated spots, 19 per cent.; and from appendices with general ulceration of the mucous and lymphoid coats, 26 per cent. This showed that the proportion of fat in chronic ulcerating appendices was very large, and if the products were confined in the tubes it is probable that these fatty concretions come from that source.

Before gangrene in the appendix has occurred we sometimes find gangrene of the mesappendix from thrombosis of the veins and obliterating endarteritis. Sometimes the appendix seems to receive enough nutrition from the caecum to live a few hours longer than the mesoappendix.

After infection has continued for sometime—a few years—we frequently find excessive hypertrophy of the appendix. This specimen shows this hypertrophy in an appendix which was the seat of chronic ulceration. Most of the time this patient was without symptoms, but at times he was compelled to give up work. I found the appendix extremely tender on palpation, and learned that of late he had referred the pain to that region.

In some cases after destruction of the mucosa gradual wasting of the lymph coat takes place. This is shown in this mount of four transverse sections. In the first, the mucosa and submucosa are swollen with exudate. In the next the mucous coat has disappeared and the lymphoid has almost disappeared. In the next, nothing but the muscular and peritoneal coat remain, and in the last there is no lumen and only a little remnant of the muscular and peritoneal coats.

In cases in which the terminal artery is involved quickly in proliferating endarteritis the entire appendix may become gangrenous. Here is an appendix which became completely gangrenous in thirty-six hours. No portion of this appendix remained alive, and there was an opening of about two inches in the caecum.

After the various structures have disappeared, leaving little but the muscle and peritoneum, there may be marked symptoms from sclerosis of the nerves. The nerves of the appendix not destroyed become involved in the cicatricial contraction and frequently keep up a great deal of disturbance in this vicinity, and not infrequently the movements of the colon are inhibited. As a result we are apt to have chronic constipation. I have now removed several such stumps, and the patients have immediately felt relief.

The patient from whom this specimen was removed had had several attacks of appendicitis, and on removing the appendix I found that it was filled with nematoid worms. The caecum is a favorite resort for the oxyuris, and I have no doubt that the presence of the oxyuris in the appendix not infrequently gives rise to an inlection atrium.

Here is a specimen showing three distinct cavities with contractures between. It was extremely firmly adherent. This patient had a number of mild attacks, and once an abscess opened externally, and finally we were obliged to remove this stump containing three well-marked cavities similar to what we often see in pus tubes.

Among the latter forms is one-

represented by these two specimens. These were removed from a professor in one of our colleges. He was unable to stand, and was compelled to give up his work for a year. On removing the appendix I found these two portions some distance apart. The little short stump represents the healed appendix. The lower portion was an inch and a half away from the stump. It was a focus of infection, and was kept alive by adhesion to surrounding tissues.

If we were to consider the complication of appendicitis this evening we should open up an enormous field. I shall simply show a specimen belonging to Dr. Willard. Here we have an abscess of the liver, which is not an infrequent complication, and probably occurs oftener than is generally supposed. In very mild cases, and in cases in which the infection has been in progress for not more than two days, I have found infected thrombi in the mesappendix, which could easily lead to emboli and abscess of the liver. I am quite sure that this occurs in cases where appendicitis is not suspected. It is not necessary that there should be gangrene or extensive disease of the appendix to have embolism.

THE IDEAL CLIMATE FOR CONSUMPTIVES TO SURVIVE IN.

BY R. H. STANCELL, JR., M. D.,
Southern Pines, N. C.

The influence of climate and its value in the treatment of tuberculosis is doubtless occupying the minds of many of the "Times and Register" readers just at this time. The holidays being over, perhaps many physicians can induce patients who ought to do so to leave home and seek a more congenial sphere. Where shall such patients be sent? is perhaps an open question with some. This paper is intended to partially answer that question. Mountain altitudes are indicated in some cases and as strongly contra-indicated in others. Dampness and extreme cold are to be avoided. Some place where the patient can be out of doors a great deal of the time, but which is not warm enough to relax and enervate, is undoubtedly best for most cases. Professor S. Solis Cohen, in "Hare's System of Therapeutics," says:

"The ideal climate for the consumptive to survive in, or the convalescent subject to be guarded from exposure—a climate which exists so far as I know only as an ideal—is characterized first by a relative equality; but it is not absolutely unchanging, for this would produce a physical as well as a mental ennui. There is always sunshine, the air is dry, though not parched; the temperature moderate. Warm climates are for those only who need continual protection; they expect no positive curative influence. Cold is usually beneficial in treatment and in prophylaxis, more especially where conjoined with altitude. There is sufficient rainfall, but the ground soon becomes dry again, so that we may walk out a short time after the rain ceases. Springs and brooks whose purity is guarded supply clear refreshing water. There are mild breezes to keep the air in motion, but no bleak winds.

"The ideal climate for one to get well in is less equable and more bracing; while in the best form of phophylaxis that which aims not so much to guard against assault as to strengthen the organism that assault may be successfully resisted. Changes are useful, provided they are not sudden nor extensive. They materially assist in developing the health-preserving powers of reaction.

"For all, the ideal air is pure, coming from regions beyond human contamination, constantly renewing its supply of 'vitalizing oxygen,' and going to be depurated before it has imbibed sufficient noxious matters to become injurious. It is also restorative by reason of its ozone and its balsamic, terebinthinate, or mineral vapors, which exist, however, in small proportions, so that one soon becomes unconscious of them, save when they are recalled by contrast; nevertheless, there is always experi-

enced a sense of delight in respiration, apart from the gratification due to odor. There are charms in the scenery to take one out of doors and make it pleasant to remain out. If specially delightful spots are within reasonable distance of one's house, so that an incentive is given for little jaunts, it is so much the better. Human habitations are not closely packed, but scattered about, so that all have free air space. The nearest approaches to the ideal are found among the pines in hilly regions, at the seashore and on the sea according to the season."

On the highest point of Shaw's Ridge, the highest ridge in the long-leafed pine belt, is the village of Southern Pines. It is in Moore County, N. C., upon the main line of the Seaboard Air Line.

If the author quoted above had visited this spot and been trying to write a description of it, he could scarcely have described it more accurately than the quotation does. Of course, there are exceptions. No region is perfect, but this seems to approach it as closely as any other.

For fifty miles on either side the pine forests extend, only broken here and there by a small clearing. The ridge is an enormous sand bank, ninety feet deep in some places, through which the rainfall pours almost as rapidly as it falls. One can walk in the street dry-shod half an hour after a hard rain, and mirabile dictu! there is not a mudhole in the town. The air is laden with ozone, and the village is almost the centre of the North Carolina turpentine producing region, hence the terebinthinate odor or principle is largely present, and the peculiar balsamic odor of the pines is particularly noticeable.

The elevation is six hundred feet. The air is dry and in almost constant motion. The soil is dry, and there are as many sunshiny days during the year as at any other location. There are numerous springs supplying numberless clear, rapid brooks, either one of which might have inspired Tennyson to write "The Brook."

There are many attractions to take the invalid out of doors. The mean mean temperature is 58 degrees; summer, 77 degrees; winter, 44 degrees; average minimum, 13 degrees, and lowest ever known, 3 degrees above. The average mean rainfall is 45 inches, and this is distributed throughout the year, there being no rainy season nor dought.

After all, the proof of the pudding is the eating, and a visit to this favored spot. or correspondence with a resident, will produce evidence of benefit to tuberculous patients sufficient to stagger the credulity of most physicians.

The village is a settlement of Northern people entirely, and there are good hotel accommodations.

In conclusion, with the learned editor of the "New England Medical Monthly," I am satisfied that Southern Pines offers more hope to the consumptive than any other place with which I am acquainted or have read about.

THE DISINFECTION OF MEDICAL FEES.

Professor Demosthenes, of Bucharest, according to the Bulletin Medical, calls attention to the danger of the transmission of contagion by fees received from patients suffering from contagious diseases. He contends that such money ought to be kept in a pickpocket of metal or impermeable cloth, which can be sterilized by the flame or by boiling, and that the physician ought to disinfect his hands before leaving the sick-room. This last rule is certainly one which ought to be followed, whether the physician receives money or not. During the present hard times there is little danger, at least in this country, from the transmission of contagious diseases by physicians' fees, as these fees are not paid in most instances till months after the patient has recovered. The danger would appear to be far greater to the butcher, grocer, etc., who are paid much more promptly than the physician.—Boston Medical and Surg. Journal.

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FUNCTIONS OF BOARDS OF HEALTH.

Boards of Health have come to occupy an important place in the governments of all our large, important cities.

From year to year, in obedience to the demands of modern sanitation and hygienic progress, their powers have been extended; but, now and again, we read of the local officials reducing the appropriations for their support; thus seeming to question the expediency or necessity of their existence at all; or at any rate, restricting their functions within restricted limits.

This we cannot wonder at, however, when we find our profession anything but unified on this question of vesting unlimited authority in matters concerning the public health, in any health board that may arrogate to itself a claim to monopoly in scientific knowledge, and often interfere with the rights of the family physician. Recent events would seem to point to the climax of absurdity, which some of our supersaturated germ theorists would lead us to, if we don't move promptly and put on the curb before we are made the laughing stock of all intelligent communities. Apropos to the above remarks comes a telling leader in our worthy contemporary, the "Medical and Surgical Reporter," entitled: "Sensational Nonsense not Sanitary Science."

"Occasionally medical scientists, by enthusiastically accepting some alluring but specious proposition prematurely, have allowed themselves to be swept into practices unfortunate for their science and disastrous to their patients. The tuberculin treatment for tuberculosis is an illustration of such an error.

"Much more common are exhibitions of what may be termed burlesque science—irrational and illogical deductions from established scientific premises. Preventive medicine seems to afford peculiar opportunities for these pantomimic displays. It may be questioned whether medicine eventually is not benefited rather than embarrassed by these performances of science bouffe. Certain it is that they who in the name of science commit such folly and seek notoriety as public alarmists are oblivious to the truth of that homely saying of Abraham Lincoln, 'One may be able to fool some people all the time and all people some of the time; but one cannot fool all the people all the time.' The public press, which is the agent most frequently employed in circulating these pseudo-scientific dicta, is at the same time the factor most potent in exploiting their fallacies.

"Perhaps there is nothing to which an American community is more sensitive, or which receives more the scrutiny of individuals, than those regulations of law or ordinance enforced as special protection against possible or imminent danger to the common health. The public sentiment which supports these regulations is the result of progressive education, and in this development the press is the most important fac-

tor. In matters of public health the lay press relies for proper direction upon current medical literature, and is prone to amplify and exaggerate whatever information is there obtained. Hence it behooves medical bodies and medical journals to be circumspect in their utterances and to confine themselves to unadorned facts in their deliverances.

"Of late we have experienced an endemic of calamity howls which would have been regarded jokes but for the sources whence they arose. For instance, the following resolution, recently adopted by a medical society, certainly displays much more of anxiety to attract attention by making a great noise than of good professional knowledge or practical common-sense. The resolution recommends that 'the Board of Education abolish the common drinking-cup in the public schools, the Park Commission do away with drinking-cups at spring, and railroad companies remove the common drinking-cups from all stations and trains, to prevent risk of contamination and teach the public to adopt and use individual drinking cups.'

"This is a not unfair specimen of the sensational nonsense sometimes offered the public as sanitary science. It is a result of the thoroughly unscientific methods and egregious incompetency of those precocious ones who receive, without comprehending fully, an hypothesis probable in the abstract, and promulgate it as a general law positive in the concrete. There may be some extenuation in the case of our friends whose conception of the supreme spirit of medicine is a diluted Dynamis, and whose scientific faith predicates infinite potency of the infinitesimal. But it is not science in the ordinary acceptation of that much-abused word.

"We do not feel called to defend the rust-corrupted tin cup of the public school, nor the galvanized solder ladle at the park fountain, nor the battered leaden antiques which adorn some railroad stations and cars, but these are offenses against public decency rather than menaces to public health. To abolish articles so absolutely essential to public convenience and comfort may be sound theoretically. When reduced to practice, however, factors must be taken into consideration which modify the theorem to such an extent as to render it impracticable. These modifying factors will determine the verdict of the public in its estimate of the utility of the proposition.

"That dangers may exist in the water supplied there can be no reasonable doubt. But the resolution does not contemplate dealing with the water. There appears to be no authentic record of the probable transmission of infection by the utensils mentioned independent of a contaminated water supply. Nor are we aware of an instance where in the researches of the bacteriological laboratory there has been discovered and identified any infective germs obtaind from one of these public drinking-cups. Before advocating a measure which would produce an enormous amount of public inconvenience, discomfort and suffering, it would be well for astute aspirants to popular scientific repute to establish (1) the probabilities of these cups becoming infected in the course of their ordinary use; (2) the probabilities of retaining infection despite the disinfection by constant flushings with water and by the exposure to the atmosphere; (3) the probabilities of users becoming infected under the necessary conditions demonstrated by present knowledge of infectious processes. When the risks can be shown to have more than a theoretical existence and a present danger can be urged against undeniable merits, science will be found ready to suggest a rational remedy."

THE VALUE OF ADVERTISING.

William Dean Howells, the celebrated novelist, tells a story which he says has influenced his whole life and we repeat it herewith with the encomium that it is decidedly the most sensible story which, in our opinion, has ever emanated from its author's pen.

The hero of the story was a young Dane, who was going up among the fiords to seek his fortune in the northern fisheries. Many times when he was sailing through the fiords he found himself locked in by mountain walls, with no apparent outlet. It seemed, if he kept on, he would sail directly into the rocks, but each time as he proceeded he found some unexpected channel, which allowed him to go safely on his way. Sometimes it seems that advertising is wasted, that there is no possible way that it will turn out profitably, but if the advertiser will keep right on he will find clear business channels opening and in the end will make a safe landing in the harbor of success.

A little advertising may be unprofitable when a great deal would pay handsomely. Short time advertising seldom pays. This is the reason that ads. in the many ephemeral "schemes" that come to every business man are never profitable. It is continuous, consistent, courageous, intelligent advertising in the best journals that always and infallibly brings good returns.

Persistence in advertising pays. It's the man who gets scared and quits who loses the money.

SOMATOSE CHOCOLATE.

We have received from the house of William H. Schieffelin & Co., New York, an elegant preparation known as Somatose Chocolate. It consists of 10 per cent. somatose, and presents all the advantages of a concentrated albumose, or the nourishing elements of meat, together with its nutrient salts, and the stimulating effects of chocolate.

The preparation comes in cakes similar to sweetened chocolate, and may be used as a drink or as a food. It may be prepared for a beverage in a similar manner to ordinary cocoa.

Somatose is recommended in all wasting diseases as an easily digestible, readily assimilable and palatable preparation. It occurs as a powder, tasteless and odorless, readily dissolving in ordinary fluids. It does not overtax the stomach and is taken up by the system, producing gain in flesh and strength.

The chocolate combination is a delightful addition and forms an excellent nourishing beverage for daily use.

As "the proof of the pudding is in the eating," we would advise physicians to try this preparation and be convinced themselves of its qualities.

Book Reviews.

SEXUAL NEURASTHENIA—ITS HYGIENE, CAUSES, SYMPTOMS AND TREATMENT—WITH A CHAPTER ON DIET FOR THE NERVOUS. By George M. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D. Published by E. B. Treat. Price, $2.75.

A work of this kind supplies information not generally given sufficient notice in medical literature.

Nerve exhaustion in the sexual neurasthenic is apt to be attributed to other causes and the underlying conditions which bring about functional disorders are overlooked. This book deals with the relation of those conditions arising from loss of nerve force dependent upon sexual excesses. The causation, as stated in the introductory chapter, of sexual neurasthenia, as of all other clinical varieties and of modern nerve sensitiveness in general, is not single or simple, but complex; all familiar excitants are secondary to the one great predisposing cause—civilization.

The work further deals with the treatment of sexual neurasthenia and regards constitutional treatment of more value than local.

The work is excellently bound, and should be in the library of every general practioner who attempts to treat these cases.

HYDRIODIC ACID AND HYPOPHOSPHITES. By R. W. Gardner, N. Y.
(Twelfth Edition. Free on Application.)

This book contains a great deal of valuable information on diseases dependent on impaired nutrition. It has been compiled from letters, articles from medical journals and other data, including extracts from Churchill's Theory and Treatment of Pulmonary Consumption.

It should be a well-known fact that the treatment of tuberculosis, by the hypophosphites supplies a want to the inorganic chemistry of the blood that no other agent and that hydriodic acid as an alterative combines the therapeutic effect of iodine and hydrogen.

It will pay any physician to apply for this book at once.

BOOKS AND PAMPHLETS RECEIVED.

CATALOGUE AND CONSTITUTION OF HARVARD ALUMNI ASSOCIATION.

THE RELATION OF STATIC DISTURBANCES OF THE ABDOMINAL VISCERA TO DISPLACEMENTS OF THE PELVIC ORGANS. By J. H. Kellogg, M. D., Battle Creek, Mich.

PREVENTION AND TREATMENT OF CHOLERA. By Elmer Lee, A. M., M. D., Ph. B. Reprinted from the Chicago Clinical Review for April, 1893.

THE TREATMENT OF TYPHOID FEVER. By Elmer Lee, A. M., M. D., Ph. B. Reprinted from the Chicago Medical Recorder for April, 1894.

SURGICAL THERAPY OF RECTAL CANCER. By Thomas H. Manley, M. D. Reprint from Merck's Bulletin, February, 1893.

THE PATHOLOGY, SYMPTOMATOLOGY AND TREATMENT OF HEMORRHOIDS, SIMPLE AND COMPLICATED. By Thomas H. Manley, M. D. Reprint from St. Louis Medical Review, October 7, 1893.

Philosophy.

DR. HENRY BURCHARD, Philadelphia.
COLLABORATOR.

FEMALES UNATTACHED AND OTHERWISE.

Absolutely bewildering are the varied phases of femininity. It is not to be wondered at that woman has gained the reputation of being fickle, although in many, very many, cases the accusation is a most unjust one. It is her varying moods and often unaccountable actions that gain for her the undesirable name.

There are as many types of womanhood as there are women in the world, for, look the universe over, no two, however much they seem alike, but have strongly differing characteristics which give decided individuality to each. And is not this a good thing? being otherwise would not things be monotonous? Nowadays one is obliged to keep constantly on the alert in order to meet half-way the dozen or more phases that most women will display in an hour's intercourse with them. And yet, is it not, perhaps, just that variety wherein lies the charm of the sex's personality?

Woman is bewildering, tantalizing, soothing, vexing, craving forgiveness, and weakness itself, all in a few minutes. No wonder men give up trying to find explanation for it all, and at last accept them as they are; as charming enigmas, whom they cannot, and would not if they could, get along without.

Still this description does not apply to all of the gender; no, indeed, far from it. Many would consider it a positive insult to be so classed; at least they say they would. But, entre nous, would they?

The nineteenth century woman is a most complex affair, and really it is to be doubted if one among the number knows what it is she does want. But breathe that not in Gath! To begin with, she wants to

forge ahead, and keep pace with the men in all matters of the day, pertaining alike to things secular and religious. She wants a voice in politics, on the rostrum, in the press; in short she wants a voice everywhere; except, perhaps, in the home; and with this type of woman the home gets along, as a general rule, a good deal better without than with her.

This class of women should belong to the band of I. F.'s (independent females). They have no right to make a home for a man, and be mothers of children, if they mean to desert that sacred calling to enter into a wider field of usefulness, as they call it. What can give wider range, or grander opportunities, than the position of wife and mother?

The helping of a husband with well-thought-over advice, or with loving sympathy in time of troubles, or in a judicious and well-timed curtailment of expenses when money difficulties are about? He is a wise husband who comes to his wife when difficulties environ him. Many an innocent woman is blamed for ruin that has come where she has known absolutely nothing of the cause of it.

Some men are too cowardly to tell their wives of impending trouble; others, from a false sense of kindness, withhold the knowledge. Very many think their wives absolutely incapable of comprehending anything whatever connected with business. And so, wealth, happiness, home are sacrificed to false ideas.

The opportunities of a mother are the most responsible and the most beautiful that can come into a woman's life, for with her influence and tender womanly love lies the moulding of the lives and characters of the men and women who are to rule the next generation.

The unattached females and young girls of the present day are a rather remarkable study. The former may be taken from the ages of 25 to 10 years later. Such are no longer young girls, neither are they looked upon exactly as settled-down women —the unmarried ones. of course, are meant. They still feel young, and most of them look so. They are just as capable, and as eager, to enjoy a good home as when 18. But the girls of the latter age consider it rather a trial, feel just a little aggrieved to have the U. F.'s around and claiming a part of their fun; while the U. F.'s, poor girls! do not seem to belong quite anywhere. Few of them find the niche they belong in before they are 40, unless they marry in the meantime. But by the time they reach this age most of them have found a groove. Some think the hurly-burly of the outside world is where they belong. Some find enjoyment and variety in club life. Still others turn philanthropists. A good many find their vocation in the nurseries and by the firesides of their more attractive sisters, and there they live out a quietly contented, colorless existence—darning the children's stockings, reading to or amusing them when mamma is otherwise engaged; and looking after their welfare generally.

It is just such women as these last who fill up the chinks and round out other lives. They are seldom appreciated by anyone, poor things! although, perhaps, they do not seek or require sympathy. All honor to them! may they always find a warm corner in somebody's heart and home!

But there is still another class of women who may be numbered among the unattached. These are the ones who have cultivated their minds a degree beyond the rest of their kind. They have cared for the reading of good books, the study of art and the beauties of nature. They have found interest and enjoyment in the study of their fellows. These women, whatever their station in life, have a never-failing fund of wealth to fall back upon when the ordinary sources fail them. They are never lonely, seldom bored, and can always find amusement within themselves—one of the greatest blessings that a human being can possess.

A few, having exceptional talents, make a name and a place for themselves in the world of art or letters; but it is to be doubted if these are

as happy in the glare of light as in the twilight of obscurity.

And yet, if one feel she can excel in any special direction, be it ever so little, is it not wise and desirable to add that little to the general good? It is after the manner of thus excelling that the world has progressed. Each one adds his or her mite, and so, little by little, the whole has been reared.

But it is little by little the world is meeting with sad and irreparable loss in a gradual dying out of its womanly women and the substitution in her place of the aggressive and boisterous female of the nineteenth century.

The past hundred years has seen no more startling nor wonderful event than the change of position by its women. Is the change for the better? There used to be something almost sacred about the name of a good woman that appealed to the chivalrous in every man's nature and made the idea of protection a very sweet one to both. But now, how changed it all is!

"NORWOLD."

Electro-Therapeutics.

IN CHARGE OF
DR. S. H. MONELL, New York.

A QUESTION OF ENTERPRISE.

To the average physician engaged in a general family practice the word electricity usually represents a vague abstraction to be considered entirely apart from the familiar materia medica If he is a progressive man he may, however, own an apparatus ordered from an illustrated catalogue as follows: "Family Battery. Price, including Cords and Handles, $10. (Discount to physicians, 25 per cent). This battery is made in solid oak or mahogany case, and the workmanship of this, as well as of all our batteries is of the highest order. For durability and cheapness it has no superior." Backed by the consciousness of this possession he can assure certain patients that they had better "try a little electricity," as he thinks it would do them good; or in other cases where meddlesome neighbors have recommended this agent and even offered to loan the family their own batteries for use ad lib. the attending physican can at once frown down such unwelcome interference by asserting that he "has a battery of his own, and that if he had deemed electricity suited to this case he would have tried it himself; but anyone can see that this patient has too much electricity in her already, and that the application of more, in her nervous state, would do her more harm than good."

The family thank heaven for their narrow escape, and the doctor congratulates himself upon his wisdom.

Probably at present the idea that large numbers of people have "too much electricity" in them is a merciful dispensation of Providence designed to save them from the attentions of bungling manipulators of "solid oak $10 batteries of the highest order."

That this remains true reflects seriously upon the medical profession. It is the physician's duty to heal, relieve, repair; to mitigate suffering and to promote health. It is not only obligatory upon him to use the best means known to him to combat disease, but it is his duty also to acquire knowledge of every better means which progressive science may from time to time present to the healing resources of the world.

As a principle applied strictly to drugs or surgery no one will dispute this. It also may now be held to include another great agent, too long neglected in medicine, viz., food. The physician who does not now recognize the importance of nutrition to his patient cannot deserve confidence, and must be mentally unsound.

From nutrition to the proper appreciation of medical electricity ought to be but a step.

Yet the number of general practitioners who have taken this step of progress is exceedingly few. This is discreditable to the profession, and unjust to humanity, whose right it is to assume that medical advice

is based upon adequate knowledge of the best measures to employ in the perplexing problems of disease. Electro-therapy is too far advanced towards the high place it is destined to hold, and has already too splendid a record of achievement to be complacently ignored or regarded with skeptical indifference by those who wish to avoid being left in the rear by their more enterprising competitors in business.

The alert physician who has secured a good electrical outfit and learned how to use it successfully has as great an advantage over the physician who has neglected this as the practical surgeon has over the man who simply reads about operations in books. The one can give his patient the benefit of increased resources, and wider experience; can apply means which may cure when previous measures have failed; can gratify his patients, can win others, increase his practice, enlarge his income.

This view of the matter spreads rather slowly, however. Not long ago one of our leading neurologists publicly stated that two or three in a hundred would be a liberal estimate of the number of physicians in the United States who actually know how to handle electricity in the treatment of patients. This is an understatement of the case. If the number of physicians is accurately estimated at about 100,000, this would assume that between 200 and 300 of them were skilled in the use of medical electricity. That this may be an exaggeration is apparent from the fact that the entire membership of the American Electro-Therapeutic Association does not much exceed 100.

One may go to large medical libraries and glance through files of a hundred or more medical journals published in all parts of the country, and only at rare intervals will he find any article on electro-therapeutics. Considering the amount of money invested in the manufacture and sale to physicians of electro-medical and surgical appliances—a sufficient voucher that substantial interest in this work exists in the medical profession—the current literature on this subject is extraordinarily small.

If we seek for an explanation we can hardly find in it any theory that the subject lacks either merit or special interest, for medical journals are filled with an immense variety of matter, some of which deals with already exploded fads and much of which can hardly be interesting to anybody. It is, however, one of the peculiarities of human nature that merit often lags behind mediocrity in the struggle for recognition.

The law of supply and demand may be an admirable regulator of production after the demand is created, but many useful articles would never have been made at all if the supply had first depended on demand. Take the sewing machine, as an instance. No special request was made to Elias Howe to invent it, nor did manufacturers rapidly turn out a million machines in response to orders from a million households. On the contrary, men who invested the capital to develop Howe's invention sent out agents everywhere to sell the goods they made before any demand had sprung into existence. These agents advertised their wares, demonstrated their value, urged them before the public, coaxed farmers and merchants to buy them for their wives, and then taught the wives how to use them. Canvassers invaded every community. They out-talked the most obdurate customer. Scarcely anyone could refuse to buy, and if cash was lacking a swap, or trade or a year, or even two years' credit was offered. It was a poor salesman who would take no for an answer when he had once started to sell a man a machine. Now the sewing machine was a good thing, yet it took an immense effort, a long time and an enormous outlay of money to introduce it into general use. It was opposed for various reasons. It cost a good deal, and required special instruction to operate; and if it had waited for its market till people came forward and bought it voluntarily the number now in use would be limited.

Electrical batteries stand on the same footing as other mechanical inventions. Their introduction into general use is a matter of business enterprise.

Coming nearer home we find the same rule to apply to almost every drug in active use. Did a resistless, spontaneous, tireless demand for cod liver oil by physicians everywhere, all over the world, induce reluctant capitalists to provide the desired supply?

The firm who spent $300,000 a year in advertising and pushing the sale of a single emulsion would claim that the demand is only the slow growth of years of persistent advertising, and that if they relaxed their efforts for a single year their demand would fall off amazingly.

Take the case of the multitude of malt preparations, infant foods, nerve tonics, kidney cures, pills, etc. Do any of our enterprising chemists, pharmacists and pill makers sit down and wait for business to come in before they make up their goods? No, they drum up trade in every possible way. Their canvassers tax the physicians' courtesy by their demands upon his time; their circulars fill his mail, their calendars, souvenirs and samples litter upon his desk.

He probably will prescribe the good things that are brought to his notice and the good things that are not brought to his notice he probably won't.

Electricity, as a therapeutic agent, is a good thing—theoretically! Practically, very much of its value depends upon the apparatus that furnishes it, and as the great majority of physicians have no battery at all its merits are a dead letter to them.

What is going to awaken interest in electro-therapeutics, and create a demand for improved electrical apparatus? Manifestly business enterprise! Goods must seek their market. Markets rarely advertise for goods.

Electrical supplies conform entirely to the general rules of trade, and manifestly the future development and spread of electro-therapeutics is in the hands of producers of electrical supplies.

From a scientific and professional point of view this may not seem inspiring, but it is true.

Those who are enthusiasts in the work and wish to inspire everyone with their own appreciation of the value of electricity may urge that physicians ought to wake up and buy batteries and learn how to use them and employ this wonderful agent to its fullest capacity; but this process is extremely slow in operation and after 30 or 40 years chiefly given over to this kind of development the result is two electro-therapeutic societies with a membership of a couple of hundred or less, one electro-therapeutic journal published at intervals of three months and business enough to barely sustain a few struggling manufacturers.

Small beginnings are characteristic of healthy enterprises; steam engines, coal-burning stoves, typewriters, bicycles, were all born of very small beginnings, but each has been developed with great energy in the face of well-nigh insurmountable obstacles. After slumbers of a century commercial electricity was stirred into a most wonderful wakefulness about 15 years ago, and its progress since then has been marvelous, as everyone knows. Medical electricity on the contrary has almost stood still. No medical Edison has appeared to revolutionize the apparatus, and no combinations of capital have tirelessly cultivated, expanded and conquered the market.

That 100,000 physicians constitute a good-sized market is evident enough, but they are no more likely to all proselyte themselves into becoming electro-therapeutists than they are to agree upon the best treatment of typhoid fever. Proselyting influences, such as improved and moderate priced apparatus, expert salesmen, reports of clinical cases, illustrated catalogues, reliable text-books, etc., must reach the rank and file of the profession, awaken interest, educate special knowledge, stimulate competition, demonstrate results, overcome ignorance, apathy and pleas of poverty before prejudice

or timidity can be conquered and physicians induced to add an indispensable weapon to their familar, monotonous routine. It matters not that this weapon can be made by reasonable skill the most valuable single curative agent except food, they must none the less be besieged and convinced before they will spend the money or take the trouble to add it to their armamentarium.

S. H. MONELL,
44 West Forty-sixth street, N. Y.

Medicine.

DR. E. W. BING, Chester, Pa.
COLLABORATOR.

PLEURAL EFFUSION.

Dr. Cassarories (Roumania) has used and higly recommends the application of guaiacol in pleural effusions. He uses this combination:

	Grammes.
R—Guaiacol	3
Tr. iodini	20
Glycerini, aa	20

The antithermic action commences at the end of about four hours. The effusion is absorbed after some few daily applications, and does away with the dangers of thoracentesis. He was also successful in the anasarca, by using the application over the loins. The test for the purity of guaiacol is its perfect solubility in any proportion of glycerine. The crystalized guaiacol is to be preferred.—Prog. Med.

NIGHT SWEATS IN PHTHISIS.

R—Ext. ergot ..... 3 grams.
Alcohol, dil ..... 5 grams.
Glycerine ..... 5 grams.
Dist. water ..... 5 grams.

Inject hypodermically at night.—Goldendach.

TREATMENT OF RHEUMATISM.

R—Antirhumatine ..... 0 gr. 10 cg.
Excipient ....q. s.
Make one pill. Take six to ten per day.

Antirhumatine is a combination of salicylate soda and methyll-blue. It occurs in prismatic crystals of a blue color, very soluble in water and alcohol. It colors the urine blue or green.

R—Phenacetine. ..... 5 grs.
Lanoline ..... 20 grs.
Ung. Apply to the joints.

Non-parasitic, genito-crural pruritus.

1 R—Solution of chloral.
2 R—Menthol ..... 4 grams.
Acetic acid ..... 140 grams.
Alcohol ..... 30 grams.
Water ..... 150 grams.
Sig. Apply to parts—Prog. Med.

TREATMENT OF BURNS.

R—Salicylic acid ..... 50 c grams.
Oxide zinc ..... 10 grams.
Starch ..... 40 grams.
R—Boric acid ..... 5 grams.
Oxide zinc ..... 10 grams.
Vaseline ..... 35 grams.
R—Aristol ..... 10 grams.
Ol. olive ..... 20 grams.
Lanoline ..... 40 grams.

ACUTE CATARRH.

R—Acid sulphanilic C. P. ....10 grams.
Soda bicarb .....8—50 grams.
Aquae distil ....200—grams.
Ft. Solution.
Give 40 to 80 grms. a day in one or two doses.

EFFECTS OF SEA AIR.

Lindemann gives various observations made both during a long stay at Heligoland and in the course of an ocean voyage. The most marked effect as observed in individuals accustomed to town or country air is produced on the circulation, which tested by the sphygmograph showed a slower pulse, as also higher and steeper curves. This as well as the deeper and longer inspirations the author ascribes to the stimulating properties possessed by sea air, on account of its mechanical admixture with salt and the greater force of the wind; the skin temperature is also more permanently reduced by sea than land air. As regards sea sickness, its effects are also to retard the pulse, but at the same time very much to lower its force. However, these effects rapidly pass off, and the author's sphygmographic charts show the condition of the pulse in a healthy individual before embarking, during an attack of sea sickness and afterwards, as also the continued improvement for some weeks after landing.—Therap. Monatshefte, November, 1894.

Surgery.

DR. T. H. MANLEY, New York.
COLLABORATOR.

THE JANET METHOD IN URETHRITIS.

The pathogenesis of the gonococcus has been fully established, but as yet all specific remedies recommended for gonorrhea have proved futile. The best treatment now, as before, is the prophylactic. Ricord's observation, "Une chaude pisse commence, Dieu le sait, quand elle finira," is equally applicable at the present day, notwithstanding the progress made in the pathology of gonorrhea. At the genito-urinary clinic of Posner a routine treatment for gonorrhea is the Janet method, which consists of irrigating the anterior urethra (in anterior urethritis) with many liters of a solution of permanganate of potash (1 to 100). The strength of the solution is gradually increased until a strength of 1 to 1000 is reached. The solution is preferably warmed before being introduced. A simple contrivance enables the solution to escape continually after it has fully passed through the course of the anterior urethra. In the beginning it is advisable to irrigate twice daily, and as the strength of the solution is increased, once daily is considered sufficient. Janet's has yielded the better results at this clinic than all other methods of treatment. In urethritis posterior a catheter is carried beyond the compressor urethre, so that the solution may reach the posterior urethra.—Occidental Med. Times.

TECHNIQUE OF MAKING URETHRAL INJECTIONS.

Guiard (Annales des Maladies des Organes Genito-Urinaire) gives the results of his investigations concerning the urethra and its medication. The capacity of the urethra had been stated by Jarnin and Leprevoct to be from 5 to 8 grams, therefore it was held that a urethral syringe should not hold more than 5 to 6 grams, equal to about 1 1-2 drams. Later it was shown that posterior urethritis, particularly late in the disease, was far more frequent than formerly supposed. The author by experimenting on the living subject found that the urethra would always hold 8 to 10 grams (2 to 2 1-2 fluid drams), and more often 12 to 15 grams, and sometimes 16 to 17. As the patient could tell when the sphincter was forced, this was avoided. These deep injections are only called for when definite symptoms have already demonstrated that the posterior region of the urethra is already affected.

In order to administer these deep injections the author uses a syringe of 20 grams (5 drams) capacity. When it is desired to overcome the sphincter gentle pressure is made, when the liquid will enter. In an experience of 10 years he has never had any accidents, and only encountered one case in which the sphincter would not relax. It is better to give the injections when the patient is lying down than when he is standing up. The requiremnts of an effective injection is that it shall reach all the diseased parts. To do this a syringe of 20 grams (5 fluid drams) capacity should be used, and the injection of its entire contents, if carefully done, is easy and causes no inconvenience.—Periscope.

TAXING BETTING FOR THE BENEFIT OF HOSPITALS.

The French Government compels a certain proportion of the money made by betting on horse races to be paid into the treasury for the benefit of the public charities. The hospitals last year received about $50,000 from this source.

Let it be remembered that tobacco, unlike alcohol, does not excite the sexual passions, but subdues them; that under its influence the tumultuousness of our feelings is quieted, and our best, our most placid, and most harmonious thoughts return.—William H. Pearse, M. D.—Plymouth (England) Med. Press. Dec. 19, 1894.

Miscellany.

DIAGNOSIS OF DIPHTHERIA.

Special Announcement from the Laboratory of Bacteriology of the Philadelphia Polyclinic.

As the early diagnosis of diphtheria from other pseudo-membraneous affections of the throat has always been a matter of difficulty, and in some cases of absolute impossibility, the consensus of opinion is that it can be made with certainty only by a bacteriologic demonstration of the presence or absence of the Klebs-Loeffler bacillus. Furthermore, the question of the association of other pathogenic and of pyogenic microbes with the Klebs-Loeffler bacillus is of importance in prognosis. In view also of the introduction of the blood serum therapy an early and absolute diagnosis is imperative in testing the efficacy of such treatment.

The Laboratory of Bacteriology of the Philadelphia Polyclinic is ready to undertake this examination and to report to physicians the bacteriologic diagnosis of suspected cases. Sterilized swabs and blood serum tubes, together with instructions for the method of procedure, can be obtained at the laboratory or from Mr. W. S. Leffman, in the Faculty's office. The results of the examination will be reported within 24 hours from the time of the return of the tubes. This service is gratuitous.

OYSTERS AND TYPHOID FEVER.

At a meeting of the State Fish and Game Commission held in Albany January 4 the State Oyster Inspector presented a report in which he stated that he had fully investigated the subject of the possibility of oysters becoming contaminated with typhoid fever germs while undergoing the "floating process," and that he had found but one stream, situated on Staten Island, where such danger existed. He was ordered by the Commissioners to demand a discontinuance of the use of this stream.

THE FAILURE OF THE ERYSIPELAS TOXINS.

"Every delay is hateful, but it gives wisdom."—Publius Syrus.

There is no longer much question of the entire failure of the toxin injections, as a cure for sarcomata and malignant growths. During the last six months the alleged remedy has been faithfully tried by many surgeons, but so far not a single well authenticated case of recovery has been reported, so far as our reading has extended; and the personal experience of surgeons of our acquaintance with whom we have conversed, demonstrates that in all cases in which they tried the erysipelas toxin the result was no improvement.

We can readily understand and sympathize with the great desire to rescue from impending death sufferers from an incurable disease, but science demands that its truths shall be positively demonstrated before being accepted. The medical profession, for centuries conservative in acceptance of new doctrines, has been startled out of its usual practice by the brilliant discoveries of bacteriology, and it now seems as if any assertion, no matter how absurd, needs only some strong voice or lucid pen to make the profession swallow it greedily. It is the age of the sensation-monger, and the seeker after notoriety may enjoy a temporary celebrity by a very easy process. He has only to announce the sure cure of some hitherto incurable disease by some foreign chemic product, or microbic mystery and the thing is done. The celebrity may be short-lived and suffering humanity deluded by false hopes, but the story was a pleasant one while it lasted.—Journal of Am. Med. Ass'n.

THE RELATIONS OF ANTITOXIN TO THE COMPLICATIONS OF DIPHTHERIA.

In No. 51 of the Deutsche Med. Wochenschrift, Treymann describes a case of acute hemorrhagic nephritis occurring in a case of diphtheria treated by Behring's antitoxin. The attack, which occurred after an injection given on account of a slight

recrudescence of the disease after the worst was over, leads Treymann to conclude, that inasmuch as ordinarily the nephritis of diphtheria occurs at the height of the disease, this attack must have been due to the antitoxin treatment. In order to disarm the unjust criticism which would with certainty be made of the treatment on account of this case Schwalbe publishes in the same journal an account of an acute hemorrhagic nephritis occurring (also during convalescence) in a case of diphtheria not treated by antitoxin. He (Schwalbe) remarks that in the nephritis of diphtheria, in contradistinction to that of scarlet fever, blood is seldom present in the urine, a fact which would be almost certain to result in a hemorrhagic nephritis being ascribed to the new remedy. He, therefore, very justly concludes that he ought to publish his case in which the disease occurred independently of serum treatment!—Boston Medical and Surgical Journal.

BICHLORIDE HARMFUL.

Dr. Joseph E. Winters said it required bichloride of strength of 1 to 1000 to kill the Loeffler bacilli, with exposure of two hours, which meant that it was an impracticable antiseptic in diphtheria. Moreover, it was positively harmful even in weak solutions, 1 to 4000 causing irritation, and at times producing constitional symptoms. Calomel fumigation was objectionable on the same grounds, while the benefits attributable to it in the way of stimulated secretions and ease of breathing could be much better obtained from inhalation of sulphurous acid vapor. —N. Y. Med. Record.

LADY FOOTBALL.

Woman seems now to have a task before her in which we fear greatly she will fail. Report goes that female football teams will shortly contest in public, and the problem is now, on the one hand, to make the performance graceful, and, on the other, not to spoil the game. Those who have witnessed the modern developments of that noble sport will probably doubt whether even women will be able to harmonize such conflicting aims. Into this question we will not enter. Whether the real game played by women is a graceful or a disgraceful sight Mrs. Grundy must decide, and whether the game played in a lady-like manner is worth looking at will doubtless soon be settled by the polite frequenters of the football field, who, we may be sure, will not be backward in expressing their opinion. In the meantime we enter our protest against the whole performance.—British Medical Journal.

THE DOSE OF THE DIPHTHERIA ANTITOXIN.

Roux states that his practice has been to give 20 c. c. (over 5 drachms) of serum to each little patient on admission, and the same quantity, or half the same quantity, according to the severity of the case, 24 hours afterward; and if the pulse and temperature still remain high the same dose is again given. He adds that the smallest quantity he has used has been over 5 drachms, and the largest quantity about 4 ounces; in one exceptional case he gave as much as between 6 or 7 ounces! Practitioners should remember these facts.

SUIT AGAINST THE BRITISH MEDICAL JOURNAL.

It is said that Dr. Stretch Dowse is about to enter an action for slander against the British Medical Journal, and that he will claim 5000 pounds as damages. In the sensational article on massage recently published in the British Medical Journal Dr. Dowse's name was mentioned as one of those who give certificates for proficiency in massage.

ANNOUNCEMENT.

A valuable contribution on "Unusual Types of Chronic Abdominal Hernia," illustrated, by Dr. T. H. Manley, of New York, will shortly appear in this journal.—Ed.